

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

09/852672

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	31 minus 20 =	11
INDEPENDENT CLAIMS (37 CFR 1.16(b))	5 minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$
X \$	=
X \$	=
+ \$	=
TOTAL	

RATE	FEE
	\$790
X \$	=
X \$	=
+ \$	=
TOTAL	790

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus **	=
Independent (37 CFR 1.16(b))	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus **	=
Independent (37 CFR 1.16(b))	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus **	=
Independent (37 CFR 1.16(b))	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

RATE	ADDI- TIONAL FEE
X \$	=
X \$	=
+ \$	=
TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 09/852672	
Substitute for Form PTO-875							
CLAIMS AS FILED - PART I							
(Column 1)		(Column 2)		(Column 3)			
FOR	NUMBER FILED	NUMBER EXTRA					
BASIC FEE (37 CFR 1.16(a))							
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*					
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							
* If the difference in column 1 is less than zero, enter "0" in column 2.							
CLAIMS AS AMENDED - PART II							
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT A	9/19/02	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
Total (37 CFR 1.16(c))	*	31	Minus	**	39	=	/
Independent (37 CFR 1.16(b))	*	5	Minus	***	6	=	/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT B	10/3/03	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
Total (37 CFR 1.16(c))	*	31	Minus	**	39	=	/
Independent (37 CFR 1.16(b))	*	5	Minus	***	6	=	/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
(Column 1)		(Column 2)		(Column 3)			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA			
Total (37 CFR 1.16(c))	*	Minus	**	=			
Independent (37 CFR 1.16(b))	*	Minus	***	=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.							

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

09/852672

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	39 minus 20 = 19	
INDEPENDENT CLAIMS	6 minus 3 = 3	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	•	Minus	**
	Independent	•	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	•	Minus	**
	Independent	•	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	•	Minus	**
	Independent	•	Minus	***
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"
 The "Highest Number Previously Paid For" Total or Independent is the highest number found in the appropriate box in column 1

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE	OR	RATE	FEE
BASIC FEE	\$375	OR	BASIC FEE	\$750
X\$ 9=		OR	X\$18=	342
X42=		OR	X84=	240
+140=		OR	+280=	
TOTAL		OR	TOTAL	1332

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	